

Your Independent Medical Exam



Answers to some of the most commonly asked questions about independent medical exams.

Why has a medical exam been scheduled for me?

A medical exam has been scheduled for you to ensure that you receive appropriate care for your workplace injury or occupational disease. Medical exams are required for any of the following reasons:

- Your doctor, employer or claim manager asked for an evaluation of your condition.
- We need to evaluate the extent of your impairment.
- There is a question about the type or duration of treatment you need.
- You asked to have your claim closed, reopened or allowed.
- You appealed our decision regarding your claim or are asking us to reconsider.

When will the medical exam be?

At least 14 days before the scheduled exam, you'll get a letter stating where and when it will take place. It is your responsibility to keep your appointment.

What if my exam needs to be rescheduled?

If you have good reason for rescheduling your exam and you give the department enough notice, your claim will not be affected. To reschedule, you must call the number listed on your letter or the nearest L&I service center at least five working days before the exam.

Will I have to pay for the exam?

L&I will pay any costs for the examination if you appear and cooperate. If you fail to attend the exam without good cause, your time-loss benefits may be reduced by the amount of the examination charge. You also might jeopardize other benefits.

Who will do the exam?

A doctor will examine you. In some cases, several doctors may conduct the exam or a series of exams.

May I bring a friend or relative to the exam?

Yes, but he or she cannot be paid or have expenses reimbursed. If you are scheduled for a psychiatric exam, your companion will not be allowed in the examination room.

What will happen at the exam?

Usually, the examining doctor will check only the conditions that apply to your claim, ask you about your medical history, and review medical information in your claim file. He or she may suggest treatment for your personal doctor to try, but he or she will not be treating you.

Your examination may be brief. You should not expect a complete physical exam. However, in some cases a full exam, lab tests and x-rays may be needed. This will be the examining doctor's decision.

Continued on the reverse.



Your Independent Medical Exam



More information and
links to other programs
are available at:
www.LNI.wa.gov/

What if I have to miss work?

If you have to take more than 30 minutes off work (without pay) to attend your independent medical examination set up by the department, you may be compensated for the actual hours missed. You will be reimbursed for time lost from work based on your hourly wage at the time of the examination. Please see the attached form for Travel & Wage Reimbursement Request — IME for details.

Who will pay my travel expenses?

In most cases, L&I will reimburse travel expenses. When necessary, meals, hotel expenses, taxi fare, parking costs, and ferry and bridge tolls will be paid at the current department rate. Please obtain receipts for these expenses.

If you travel to your examination by airplane, bus or train, contact the L&I service center nearest your home. L&I will make necessary arrangements for your travel.

How do I get paid for lost wages and travel expenses?

You must complete the attached reimbursement request form and submit it, along with your receipts, within one year of the travel. You must sign the form. (See form instructions below.)

Form Instructions

Please fill out the form carefully. If you submit incomplete or incorrect information, we may have to return the form to you to correct. Send your completed form and receipts to:

Department of Labor and Industries
PO Box 44267
Olympia, WA 98504-4267

Here's how to get more help

If you have additional questions, please call our Office of Information and Assistance at 1-800-LISTENS (1-800-547-8367) or the Department of Labor and Industries service center nearest you.

Labor and Industries phone numbers are listed in the white pages or under **Washington, State of** in the government section of your telephone book.

Service centers are located in the following communities:

Aberdeen	Everett	Port Angeles	Tumwater
Bellevue	Kennewick	Pullman	Vancouver
Bellingham	Longview	Seattle	Walla Walla
Bremerton	Moses Lake	Spokane	Yakima
Colville	Mount Vernon	Tacoma	
East Wenatchee	Okanogan	Tukwila	

This document is available in other formats to accommodate persons with disabilities. For assistance, call 1-800-LISTENS (1-800-547-8367). (TDD users, please call 360-902-5797.) Labor and Industries is an Equal Opportunity Employer.



NO STAPLES IN
BAR CODE AREA



**INDEPENDENT MEDICAL EXAM (IME)
TRAVEL & WAGE
REIMBURSEMENT REQUEST**

Dept. of Labor & Industries
PO Box 44267
Olympia WA 98504-4267

DO NOT
WRITE IN
SPACE



Injured Worker Information

Worker's name (Last, First, Middle Initial)			Claim No.
Worker's home address (not PO Box)		Apt #	Date of injury
City	State	ZIP	Social Security No. (for ID only)
			Worker's Phone Number

Travel Information



Read the instructions on the back of this form before you complete this section

A	Date (Each Trip)	B	Travel Code (one per line)	C	From: (City)	D	To: (City, Person See	E	No. Of Miles (Trip)	F	Cost For Food, Lodging, Fares, Parking, Wages (one per line)
1.										\$	
2.										\$	
3.										\$	
4.										\$	
5.										\$	
6.										\$	
7.										\$	
8.										\$	
9.										\$	

Reimbursing Wages

If you took time off work without pay to attend your Independent Medical Exam (IME), we will reimburse you for the time you missed greater than 30 minutes. You will be reimbursed the hourly wage you were making at the time of the IME. Please list total time and wages here:

Time missed from work to attend the IME: _____ Hrs _____ Min. Hourly wage at the time of the IME: \$ _____

Employer's name

Employer's Phone Number

()

Address

City

State

ZIP + 4

Worker's Signature (forms not signed will be returned)

These expenses are related to my worker's compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false.

I have read and understand the instructions on the back of this form.

Date

Worker's signature

Read the instructions carefully before you complete this form! We can only reimburse you if your form is complete, correct and signed.

1. Use this form for IME travel only

If you traveled for any other reason, please call the Provider Hotline at 1-800-848-0811 for the correct reimbursement form F245-145-000.

2. Send your form soon

We can only reimburse you if we receive your completed form within 12 months from the date of your exam.

3. Fill out each column correctly

Column A: Write the date you traveled (only one date per line).

Column B: From below, find the code that describes your travel expense (only one code per line). *For example, if you traveled in a private vehicle to your IME, write in 0412A.*

Travel Codes for Independent Medical Exams (IME)

0411A Total time you lost from work (hours x wage) for attending a department or self-insured exam

0412A Private vehicle mileage to travel to a department or self-insured exam

0402A Parking (receipt required for \$10 and over)

0403A Bridge and ferry tolls (receipt required)

0405A Commercial transportation (receipt required)

0406A Lodging (receipt required)

0407A Breakfast (receipt required)

0408A Lunch (receipt required)

0409A Dinner (receipt required)

0414A Taxi (receipt required)

Column C: Write the city you were traveling from

Column D: Write the city you traveled to for your medical exam

Column E: If you are requesting mileage, write the total number of miles you traveled round trip. You will be paid at the current mileage rate, according to the shortest direct route from your home.

Column F: Did you have expenses for food, lodging, fares, parking, and wages? Write in the dollar amount of each expense (only one cost per line). You must attach all receipts. Send in photocopies of your receipts and keep your originals.

Example:

A	Date (Each Trip)	B	Travel Code (one per line)	C	From: (City)	D	To: (City, Person Seen)	E	No. of Miles (Round Trip)	F	Cost for Food, Lodging, Fares, Parking, Wages (one per line)
1.	9/25/02	0412a		Olympia		Seattle Dr. Smith		60		(Mileage cost will be calculated for you at the current department rate).	
2.	9/25/02	0411a								\$ 50.00	
3.	9/25/02	0402a								\$ 3.00	

4. Mail this form to: Dept. of Labor & Industries
PO Box 44267
Olympia WA 98504-4267